



King County

Department of
Natural Resources and Parks

Solid Waste Division

Community Litter Cleanup Program

Funded by the Washington State Department of Ecology

Site # _____

Site Information & Consent Form

The King County Solid Waste Division's *Community Litter Cleanup Program* provides cleanup and disposal of litter and illegally dumped waste on public property. Please complete this form if you know of such a site. We will require the property owner or custodian to provide authorization before the site can be cleaned up. We cannot guarantee we will be able to clean all sites referred.

Contact Information

- ☐ Your Name: _____ Date: _____
- ☐ Name of Your City/Agency/Organization: _____
- ☐ Phone Number: _____ Fax Number: _____
- ☐ Name of property owner or custodian if different from above: _____
- ☐ Phone number of property owner or custodian: _____

Project Information

1. Specific address or location of site **and** directions. **(Must be public, not private property.)**
Thomas Guide reference #: _____
2. List approximate number of road miles and/or acres to be cleaned. _____ **Miles** _____ **Acres**
3. Describe site to be cleaned including type of debris present and any site access issues.
4. List all resources your city, agency or organization can contribute to help clean up this site such as staff, equipment, transportation, and any follow up.

Consent to Enter Property and to Accept Conditional Site Clean Up

- ☐ I, the undersigned, am a representative of the public agency responsible for the property described above.
- ☐ I consent to have King County cleanup crews enter the site described above to clean up and dispose of litter and illegally dumped materials.
- ☐ I understand that if hazardous materials are found on this property, the proper removal, disposal and reporting (as appropriate) of those materials are the responsibility of my agency.

Property Owner / Custodian Authorized Representative

Date

FOR KING COUNTY SOLID WASTE DIVISION USE ONLY

- ☐ Verbal authorization provided by: _____ Phone Number: _____
- ☐ Consent Agreement Read: _____ Date: _____ KCSWD Rep: _____

Return Completed Form to: Dinah Day, King County Solid Waste Division 201 S. Jackson St., Ste 701
Seattle, WA 98104 **Phone:** (206) 296-8432 **Fax:** (206) 296-8431 **Email:** dinah.day@metrokc.gov